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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE

Docket Number (Optional)

312.104331R00

I hereby declare that:

My residence, post office address and citizenship are stated below next to my name.

I am authorized to act on behalf of the following ~~company~~ ^{assignee} Her Majesty in Right of Canada as Repre-
sented by the Minister of Communications
and the title of my position with said ~~company~~ ^{assignee} is. President, Communications Research CentreThe entire title to the patent identified below is vested in said ~~company~~ ^{assignee}Name of Patentee(s): Kenneth O. Hill; Bernard Y. Malo; Francois C. Bilodeau;
Derwyn C. Johnson

Patent Number

5,367,588

Date Patent Issued

November 22, 1994

Title of Invention METHOD OF FABRICATING BRAGG GRATINGS USING A SILICA GLASS
PHASE GRATING MASK AND MASK USED BY SAMEI believe said patentee(s) to be the original, first and ~~sole~~ ^{co} joint inventor(s) of the subject matter which is
described and claimed in said patent, for which a reissue patent is sought on the invention entitled _____See Attachment 1

the specification of which

☒ is attached hereto.☐ was filed on _____ as reissue application number ____ / _____
and was amended on _____
(If applicable)I have reviewed and understand the contents of the above identified specification, including the claims,
as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described
below. (Check all boxes that apply.)☒ by reason of a defective specification or drawing.☒ by reason of the patentee claiming more or less than he had the right to claim in the patent.☐ by reason of other errors.

At least one error upon which reissue is based is described as follows:

See Attachment 2

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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(REISSUE APPLICATION DECLARATION BY THE ASSIGNEE, page 2)		Docket Number (Optional) 312.104331R00									
<p>All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.</p> <p>I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name(s)</td> <td style="width: 50%; padding: 2px;">Registration Number</td> </tr> <tr> <td style="padding: 2px;"><u>Melvin Kraus</u></td> <td style="padding: 2px;"><u>22,466</u></td> </tr> <tr> <td style="padding: 2px;"><u>William I. Solomon</u></td> <td style="padding: 2px;"><u>28,565</u></td> </tr> <tr> <td style="padding: 2px;"><u>Gregory E. Montone</u></td> <td style="padding: 2px;"><u>28,141</u></td> </tr> </table>				Name(s)	Registration Number	<u>Melvin Kraus</u>	<u>22,466</u>	<u>William I. Solomon</u>	<u>28,565</u>	<u>Gregory E. Montone</u>	<u>28,141</u>
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Correspondence Address: Direct all communications about the application to:											
<input checked="" type="checkbox"/> Customer Number	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;">020457</div> <p style="font-size: small; margin: 0;">Type Customer Number here</p>	<div style="font-size: 2em;">→</div>	<div style="border: 1px solid black; width: 150px; height: 80px; margin: 0 auto; position: relative;"> <div style="position: absolute; top: 10px; right: 10px; font-size: small;">Place Customer Number Bar Code Label here</div> </div>								
OR											
<input checked="" type="checkbox"/> Firm or Individual Name	ANTONELLI, TERRY, STOUT & KRAUS, LLP										
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City	Arlington	State	VA								
		ZIP	22209								
Country	USA										
Telephone	(703) 312-6600	Fax	(703) 312-6666								
<p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.</p>											
Full name of person signing (given name, family name)											
Gerry Turcotte											
Signature											
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